

PART B - FEE(S) TRANSMITTAL

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33109 7590 10/29/2007
CARDICA, INC.
900 SAGINAW DRIVE
REDWOOD CITY, CA 94063



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Brian Schar (Depositor's name)
 (Signature)
November 2, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/698,575

10/31/2003

Jaime Vargas

11/02/2007 MGEBRE2 00000070 502108 1127 10698575

TITLE OF INVENTION: METHOD FOR CUTTING TISSUE

01 FC:2501 720.00 DA
 02 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$720

\$300

\$0

\$1020

01/29/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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TRUONG, KEVIN THAO

3734

606-061000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Brian A. Schar
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cardica, Inc.

Redwood City, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **502108** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

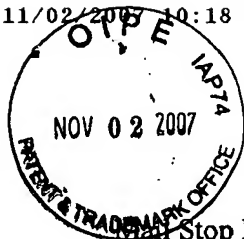
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Authorized Signature

Date **Nov. 2, 2007**Typed or printed name **Brian Schar**Registration No. **45076**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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- 3 Pages Total -

November 2, 2007

Stop Issue Fee
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Applicants: Vargas, Jaime; et. al.
Assignee: Cardica, Inc.
Title: Method for Cutting Tissue
Serial No.: 10/698,575
Examiner: Truong, Kevin T.
Docket No.: 146

Filing Date: October 31, 2003
Group Art Unit: 3734

Transmitted herewith are the following documents in the above-identified application:

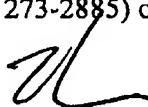
- (1) This Transmittal Letter; and
- (2) Fee Transmittal Form PTOL-85 (2 copies).

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below:

<input checked="" type="checkbox"/> Issue fee and publication fee	\$ 1020.00
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<input checked="" type="checkbox"/> Please charge our Deposit Account No. 502108 in the amount of	\$ 1020.00
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I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (571) 273-2885) on Nov. 2, 2007.



Brian A. Schar, Esq.

Respectfully submitted,


Brian A. Schar, Esq.
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Director of Intellectual Property
Cardica, Inc.
900 Saginaw Drive
Redwood City, CA 94063